



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LUCINDA AND RANDALL JEWART
LEGAL ENTITY

To operate JEWART'S WHISPERING PINES MANOR
NAME OF FACILITY OR AGENCY

Located at P.O. BOX 249, 8 WEST CHURCH ST. SAGAMORE, PA 16250
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 26, 2016 until April 26, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426850

Robert E. Robinson
ISSUING OFFICER

Gay Bank
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2016

Ms. Lucinda Jewart, Administrator
Lucinda and Randall Jewart
P.O. Box 166, 8 West Church Street
Sagamore, Pennsylvania 16250

RE: Jewart's Whispering Pines
License #: 426850


Dear Ms. Jewart:

As a result of the Department of Human Services' licensing inspections on September 15, 2015 and January 26, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

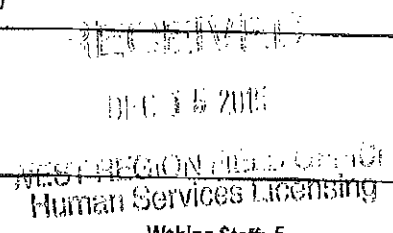
A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: JEWART S WHISPERING PINES MANOR		License Number: 42685
Address: P O BOX 249 8 WEST CHURCH ST, SAGAMORE, PA 16250		County: Armstrong
Administrator: Lucinda Jewart		Region: WEST
Legal Entity Name: LUCINDA AND RANDALL JEWART		
Legal Entity Address: P.O. BOX 249 8 WEST CHURCH ST., SAGAMORE, PA 16250		
Certificate(s) of Occupancy C-3 SP 08/03/1998 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 09/15/2015: Whitney, Diane; Hultquist, Cliff		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 3 Have Mental Illness: 7 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

DEC 15 2015

Violation Report: 42685 - 09/15/2015 - Whitney, Diane
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1 does not have an operable lamp or other source of lighting that can be turned on/off at bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 has been given a different lamp this lamp that was in there was just unplugged. will monitor and correct when needed

Within 15 days of receipt of the plan of correction - a designated staff person will check the home daily, on each shift, to ensure that each resident has a source of lighting that can be turned on/off from bedside. JW. 4/7/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jewart S* Date *12-15-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/7/16</u> (Date)	Plan of correction implementation status as of <u>4/7/16</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 16 2015

Violation Report: 42685 - 09/15/2015 - Whitney, Diane
PCH Name: JEWART S WHISPERING PINES MANOR

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
At approximately 9:30 A.M., an outdoor glider, approximately 4' in length, was positioned across the bottom of the home's 2nd floor fire escape stairs completely blocking this egress route.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was removed while inspectors were here will monitor + make sure nothing Block exits

Within 15 days of receipt of the plan of correction - a designated staff person will check the home daily to ensure that all stairways, hallways, doorways, passageways + egress routes from rooms and from the building are unlocked and unobstructed. P.W. 4/7/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynnda Jewart* Date *12-15-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/7/16 (Date)

The above plan of correction was approved by P.W. (Initials)

Plan of correction implementation status as of 4/7/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *P.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

DEC 15 2015

Violation Report: 42685 - 09/15/2015 - Whitney, Diane
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's posted menu was dated for the week of 9-13-15 through 9-19-15. The following week's menu was not posted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Menu was corrected while inspectors were here. will monitor and make sure correct wk is posted and all changes are posted.

The current week's and the following week's menu are now posted.

JW. 4/7/16

Immediately - a designated staff person will check the home twice weekly to ensure the current menu and the following week's menu are posted in a conspicuous & public place in the home.

JW. 4/7/16

ETAL

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2014

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12-15-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/7/16 (Date)

Plan of correction implementation status as of 4/7/16 (Date)

The above plan of correction was approved by JW. (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress JW.
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42685 - 09/15/2015 - Whitney, Diane
 PCH Name: JEWART S WHISPERING PINES MANOR

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

RECEIVED
 DEC 15 2015
 WEST REGION HEALTH CARE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed "Baclofen 10mg - take twice a day as needed". However, this medication is not indicated on resident #2's September 2015 medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was corrected on Mar white inspector was here this was a PRN and forgotten to write it down - will monitor & make sure all meds are written down on MAR within 15 days of receipt of the plan of correction - all staff persons who administer medication will be educated on the required content of the MAR in accordance with 2600.187a. Within 15 days of receipt of plan of correction - a staff person qualified to administer medication will conduct an initial and then weekly audit of resident medication orders and MARs to ensure all current medications are documented on the MAR in accordance w/ 2600.187a

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2014 EFAI

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lucinda Jewart* Date *12-15-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/7/16 (Date)

Plan of correction implementation status as of 4/7/16 (Date)

The above plan of correction was approved by [Initials] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *PN*
- Partially Implemented - Inadequate Progress
- Not Implemented

PN
4/7/16

Violation Report: 42885 - 09/15/2015 - Whitney, Diane
PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION Field Office
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home does not have a current, weekly activity calendar posted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There is always an activity calendar posted. It needed dated which was corrected while inspectors were here. will monitor and correct w/needed

Immediately - a designated staff person will check the home weekly to ensure that an accurate and dated activities calendar is posted, in a conspicuous and public place in the home, which includes a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community. JW.
4/2/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12-15-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/2/16 (Date)

Plan of correction implementation status as of 4/2/16 (Date)

- Fully implemented
- Partially Implemented - Adequate Progress JW.
- Partially Implemented - Inadequate Progress
- Not implemented

The above plan of correction was approved by JW. (Initials)

Violation Report: 42685 - 09/15/2015 - Whitney, Diane
 PCH Name: JEWART S WHISPERING PINES MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #3, admitted on [redacted] 15, did not have a preadmission screening completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This resident has lived here since [redacted] 07
 [redacted] left for a short while and came back.
 We will make sure everyone new has
 a preadmission screening

Within 15 days of receipt of the plan of correction - the administrator
 will develop and implement a tracking system to ensure that every new
 resident, including a resident who was discharged and readmitted,
 has an accurate pre admission form completed within 30 days
 prior to admission. JW. 4/7/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lucinda Jewart* Date *12-15-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/7/16
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/7/16
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress *JW.*
 Partially Implemented - Inadequate Progress
 Not Implemented